

# Transportation of Hazardous Materials

## Do you transport hazardous materials?

Hazardous materials are any substance defined by the Secretary of Transportation as posing an unreasonable risk to health and safety or property. Most people recognize gasoline, propane, or dynamite as being hazardous materials, but did you know that common materials such as paint, nail polish remover, adhesives, cleaning compounds, hair spray, matches, and others may be classified as hazardous materials? It is important to know if you are transporting hazardous materials because violations of the Hazardous Materials Regulations (HMR) carry civil fines of up to \$27,500 and possible criminal penalties including up to five years in jail. Hazardous materials fall into one of the following basic classes and divisions:

Explosives 1.1	Non-Flammable Gas, 2.2	Organic Peroxide, 5.2
Explosives 1.2	Poison Gas, 2.3	Poison Liquid or Solid, 6.1
Explosives 1.3	Flammable & Combustible Liquids, 3	Infectious Substance, 6.2
Explosives 1.4	Flammable Solids, 4.1	Radioactive, 7
Explosives 1.5	Spontaneously Combustible, 4.2	Corrosive, 8
Explosives 1.6	Dangerous When Wet, 4.3	Miscellaneous, 9
Flammable Gas, 2.1	Oxidizer, 5.1	Consumer Commodities, ORM-D

To determine if a material you are transporting is hazardous, contact the shipper who provided the material or see the definitions of these materials in the hazardous materials regulations.

## What do I need to do if I transport hazardous materials?

A motor carrier that transports a hazardous material, whether interstate or intrastate, must comply with the Federal Hazardous Materials Regulations, 49 CFR 100-185. These regulations include requirements such as registration, training, shipping papers, labels, placards, and packages. In addition, there are additional requirements in the Federal Motor Carrier Safety Regulations which include insurance requirements, operational restrictions, Commercial Drivers License endorsements, routing, parking, and attendance requirements for hazardous materials.

## Where can I get more information?

There are many ways to get additional information about safe transportation of hazardous materials. The regulations and interpretations can be found on the Internet at <http://hazmat.dot.gov>. In addition, the Federal Motor Carrier Safety Administration has developed an informational booklet titled "How to Comply with the Federal Hazardous Materials Regulations" as well as a Spanish/English bi-lingual package which contains general awareness training for hazardous materials. These documents and more information, can be found on the FMCSA website at <http://www.fmcsa.dot.gov/safetyprogs/hm.htm>. The Department also offers a hazardous materials information hotline at 1-800-HMR-4922.



**DEPARTMENT OF TRANSPORTATION  
HAZARDOUS MATERIALS INCIDENT REPORT**

Form Approved OMB No. 2137-0039

INSTRUCTIONS: Submit this report in duplicate to the Information Systems Manager, Office of Hazardous Materials Transportation, DHM-63, Research and Special Programs Administration, U.S. Department of Transportation, Washington, D.C. 20590. If space provided for any item is inadequate, complete that item under Section IX, keying to the entry number being completed. Copies of this form, in limited quantities, may be obtained from the Information Systems Manager, Office of Hazardous Materials Transportation. Additional copies in this prescribed format may be reproduced and used, if on the same size and kind of paper.

<b>I. MODE, DATE, AND LOCATION OF INCIDENT</b>				
1. MODE OF TRANSPORTATION <input type="checkbox"/> AIR <input type="checkbox"/> HIGHWAY <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> OTHER				
2. DATE AND TIME OF INCIDENT (Use Military Time: e.g. 8:30am = 0830, noon = 1200, 6pm = 1800, midnight = 2400)				
Date _____ TIME _____				
3. LOCATION OF INCIDENT (Include airport name in ROUTE/STREET if incident occurs at an airport)				
CITY _____		STATE _____		
COUNTY _____		ROUTE/STREET _____		
<b>II. DESCRIPTION OF CARRIER, COMPANY, OR INDIVIDUAL REPORTING</b>				
4. FULL NAME _____		5. ADDRESS (Principal place of business) _____		
6. LIST YOUR OMC MOTOR CARRIER CENSUS NUMBER, REPORTING RAILROAD ALPHABETIC CODE, MERCHANT VESSEL NAME AND ID NUMBER OR OTHER REPORTING CODE OR NUMBER				
<b>III. SHIPMENT INFORMATION (From Shipping Paper or Packaging)</b>				
7. SHIPPER NAME AND ADDRESS (Principal place of business) _____		8. CONSIGNEE NAME AND ADDRESS (Principal place of business) _____		
9. ORIGIN ADDRESS (If different from Shipper address) _____		10. DESTINATION ADDRESS (If different from Consignee address) _____		
11. SHIPPING PAPER/WAYBILL IDENTIFICATION NO. _____				
<b>IV. HAZARDOUS MATERIAL(S) SPILLED (NOTE: REFERENCE 49 CFR SECTION 172.101.)</b>				
12. PROPER SHIPPING NAME _____	13. CHEMICAL/TRADE NAME _____	14. HAZARD CLASS _____	15. IDENTIFICATION NUMBER (e.g. UN 2764, NA 2020) _____	
16. IS MATERIAL A HAZARDOUS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. WAS THE RM MET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>V. CONSEQUENCES OF INCIDENT, DUE TO THE HAZARDOUS MATERIAL.</b>				
18. ESTIMATED QUANTITY HAZARDOUS MATERIAL RELEASED (Include units of measurement) _____		19. FATALITIES _____	20. HOSPITALIZED INJURIES _____	21. NON HOSPITALIZED INJURIES _____
22. NUMBER OF PEOPLE EVACUATED _____				
23. ESTIMATED DOLLAR AMOUNT OF LOSS AND/OR PROPERTY DAMAGE, INCLUDING COST OF DECONTAMINATION OR CLEANUP (Round off in dollars)				
A. PRODUCT LOSS _____	B. CARRIER DAMAGE _____	C. PUBLIC/PRIVATE PROPERTY DAMAGE _____	D. DECONTAMINATION/ CLEANUP _____	E. OTHER _____
24. CONSEQUENCES ASSOCIATED WITH THE INCIDENT <input type="checkbox"/> SPILLAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> VAPOR (GAS) DISPERSION <input type="checkbox"/> ENVIRONMENTAL DAMAGE <input type="checkbox"/> MATERIAL ENTERED WATERWAY SEWER <input type="checkbox"/> NONE <input type="checkbox"/> OTHER				
<b>VI. TRANSPORT ENVIRONMENT</b>				
25. INDICATE TYPE(S) OF VEHICLE(S) INVOLVED <input type="checkbox"/> TANK CAR <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TOFC/COFC <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> BARGE <input type="checkbox"/> VAN TRUCK/TRAILER <input type="checkbox"/> FLAT BED TRUCK TRAILER <input type="checkbox"/> SHIP <input type="checkbox"/> OTHER				
26. TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED <input type="checkbox"/> EN ROUTE BETWEEN ORIGIN/DESTINATION <input type="checkbox"/> LOADING <input type="checkbox"/> UNLOADING <input type="checkbox"/> TEMPORARY STORAGE TERMINAL				
27. LAND USE AT INCIDENT SITE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> UNDEVELOPED				
28. COMMUNITY TYPE AT SITE <input type="checkbox"/> URBAN <input type="checkbox"/> SUBURBAN <input type="checkbox"/> RURAL				
29. WAS THE SPILL THE RESULT OF A VEHICLE ACCIDENT/DERAILMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES AND APPLICABLE, ANSWER PARTS A THRU C				
A. ESTIMATED SPEED _____	B. HIGHWAY TYPE <input type="checkbox"/> DIVIDED/LIMITED ACCESS <input type="checkbox"/> UNDIVIDED	C. TOTAL NUMBER OF LANES <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> FOUR OR MORE		SPACE FOR DOT USE ONLY

<b>VII. PACKAGING INFORMATION:</b> If the package is overpacked (consists of several packages, e.g. glass jars within a fiberboard box), begin with Column A for information on the innermost package.																																																																																																																											
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30. TYPE OF PACKAGING INCLUDING INNER RECEPTACLES (e.g. Steel drum, tank car)																																																																																																																											
31. CAPACITY OR WEIGHT PER UNIT PACKAGE (e.g. 55 gallons, 65 lbs.)																																																																																																																											
32. NUMBER OF PACKAGES OF SAME TYPE WHICH FAILED IN IDENTICAL MANNER																																																																																																																											
33. NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT																																																																																																																											
34. PACKAGE SPECIFICATION IDENTIFICATION (e.g. DOT 17E, DOT 105A100, UN 1A1 or none)																																																																																																																											
35. ANY OTHER PACKAGING MARKINGS (e.g. STC, 18/16-55-88, Y1.4/150/87)																																																																																																																											
36. NAME AND ADDRESS, SYMBOL OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER																																																																																																																											
37. SERIAL NUMBER OF CYLINDERS, PORTABLE TANKS, CARGO TANKS, TANK CARS																																																																																																																											
38. TYPE OF LABELING OR PLACARDING APPLIED																																																																																																																											
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40. EXEMPTION/APPROVAL/COMPETENT AUTHORITY NUMBER, IF APPLICABLE (e.g. DOT E1012)																																																																																																																											
<b>VIII. DESCRIPTION OF PACKAGING FAILURE:</b> Check all applicable boxes for the package(s) identified above.																																																																																																																											
<b>41. ACTION CONTRIBUTING TO PACKAGING FAILURE</b>		<b>42. OBJECT CAUSING FAILURE</b>																																																																																																																									
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<b>IX. DESCRIPTION OF EVENTS:</b> Describe the sequence of events that led to incident, action taken at time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagrams should be submitted when necessary for clarification. ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE. Continue on additional sheets if necessary.																																																																																																																											
46. NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT		47. SIGNATURE																																																																																																																									
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**7. Prior-Year Survey Information.** Mark all categories and activities engaged in during the previous calendar year (e.g., 2001 for the 2002-2003 Registration Year) and the state(s) in which you operated (see instructions).

A. \_\_\_\_\_ Offered or transported in commerce a highway route controlled quantity of a Class 7 (radioactive) material.

1. Shipper \_\_\_\_\_ 2. Carrier \_\_\_\_\_ 3. Other (Freight Forwarder, Agent, etc.) \_\_\_\_\_

AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN  
MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT  
VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

B. \_\_\_\_\_ Offered or transported in commerce more than 25 kilograms (55 pounds) of a Division 1.1, 1.2, or 1.3 (explosive) material in a motor vehicle, rail car, or freight container.

1. Shipper \_\_\_\_\_ 2. Carrier \_\_\_\_\_ 3. Other (Freight Forwarder, Agent, etc.) \_\_\_\_\_

AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN  
MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT  
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C. \_\_\_\_\_ Offered or transported in commerce more than 1 liter (1.06 quarts) per package of a material extremely toxic by inhalation (materials poisonous by inhalation that meet one of the defining criteria for Hazard Zone A).

1. Shipper \_\_\_\_\_ 2. Carrier \_\_\_\_\_ 3. Other (Freight Forwarder, Agent, etc.) \_\_\_\_\_

AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN  
MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT  
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D. \_\_\_\_\_ Offered or transported in commerce a hazardous material (including a hazardous waste) in a bulk packaging (see 49 CFR 171.8) having a capacity equal to or greater than 13,248 liters (3,500 gallons) for liquids or gases or more than 13.24 cubic meters (468 cubic feet) for solids.

1. Shipper \_\_\_\_\_ 2. Carrier \_\_\_\_\_ 3. Other (Freight Forwarder, Agent, etc.) \_\_\_\_\_

AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN  
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VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

E. \_\_\_\_\_ Offered or transported in commerce a shipment, in other than a bulk packaging, of 2,268 kilograms (5,000 pounds) gross weight or more of one class of hazardous material (including a hazardous waste) for which placarding of a vehicle, rail car, or freight container is required.

1. Shipper \_\_\_\_\_ 2. Carrier \_\_\_\_\_ 3. Other (Freight Forwarder, Agent, etc.) \_\_\_\_\_

AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN  
MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT  
VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

F. \_\_\_\_\_ Offered or transported in commerce a shipment of a quantity of hazardous material (including a hazardous waste) that requires placarding of the bulk packaging, freight container, unit load device, transport vehicle, or rail car, other than those included in A through E above. Activities performed by farmers are generally excepted. See 49 CFR 107.601(b).

1. Shipper \_\_\_\_\_ 2. Carrier \_\_\_\_\_ 3. Other (Freight Forwarder, Agent, etc.) \_\_\_\_\_

AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN  
MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT  
VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

G. \_\_\_\_\_ Did not engage in any of the activities listed in A through F during the previous calendar year.

**8. Certification of Information.** I certify that, to the best of my knowledge, the above information is true, accurate, and complete.

Certifier's Name \_\_\_\_\_ Date \_\_\_\_\_  
(Print the signer's name)

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Certifier's Signature \_\_\_\_\_

FALSE STATEMENTS MAY VIOLATE 18 U.S.C. 1001.

MAIL COMPLETED FORM  
WITH PAYMENT TO :

U.S. Department of Transportation  
Hazardous Materials Registration  
P.O. Box 740188  
Atlanta, GA 30374-0188

Please retain a copy of this form for your records.